

**Southwestern Virginia Mental Health Institute
Marion, Virginia
October 31, 2007**

**Sensory Connection Program Presentation:
Trauma Informed Care and Restraint Reduction**



On October 31st, 2007,

Karen Moore presented a full day multidisciplinary training for the Southwestern Virginia Mental Health Institute as part of their Restraint and Seclusion Reduction Initiative. SWVMHI is a state psychiatric hospital that includes an acute admissions unit, an extended rehabilitation unit, an adolescent unit, and a geriatric unit. Additional agencies from the state were also invited to attend including staff from a forensic unit.

Program Topics:

Introduction to Sensory Approaches to Treatment
Diagnostic Concerns, Trauma Informed Care,
Restraint/Seclusion Reduction
Interdisciplinary Use of Sensory Modalities and Activities
Environmental Enhancement Including Comfort Spaces
and Rooms

Application Labs:

Exploration of sensory items and activities
Discussion of case scenarios, safety tools, and program
implementation
Brainstorm of ideas for sensory suitcases, activity
baskets, and strong sensory input activities
Discussion of sensory rooms - Where do we begin?
Long and Short Term Goals



Participants broke into groups according to their units and facilities so that they could brainstorm actual activities specific to their clients and milieu. They had an opportunity to take the first steps in planning the implementation of a sensory approach to treatment including developing some initial goals. Discussions included safety concerns, possible hurdles and a sharing of ideas on useful treatment strategies.



The occupational therapists from SWVMHI set up a **mock Coping, Calming, and Comfort Room** with items from a sensory room already in use, along with items collected for planned [CCC Rooms](#). Participants had opportunities to visit the mock CCC Room and try out [equipment and sensory activities](#).

Popular items included the cozy beanbag chair, the huge "rocker" and a chair equipped with a vibrating massager. The "[Heavy Duty Dog](#)" was a favorite and probably the first item participants will make for their own units

Information included safety tools, coping strategies to avert crisis, and information specific to adolescents, geriatric, and substance abuse treatment. The training included many clinical stories, along with information on treatment efficacy and research. Participants learned practical applications using beanbag tapping, exercise band rowing, and exercise possibilities using low tech equipment.

On November 1st an additional half day of training was held for the occupational therapy department. Therapists participated in a Sense-ability Group and learned many new games and activities to be used in group and individual treatment. Together we brainstormed program ideas and potential barriers to implementation of training recommendations.

Discussion included suggestions for improving their [sensory room](#) which was under-utilized and also needed some changes to make it more calming and less stimulating. They had some excellent equipment, which needed to be put to better use.



Feedback from the training participants has been very positive:

"I just wanted to thank you for coming to our facility to do the training. It was wonderful and the OT department really appreciates all your help and suggestions."

"I just can't thank you enough for coming all the way down here. Both days of training were excellent. I haven't heard anything but good comments from everyone. We have important days ahead for planning and implementing our new approach and putting our training into practice."

Past Mental Health Conferences and References

[April 2006: Sensory Modulation Symposium for Occupational Therapy in Mental Health](#)

[References \(pdf file format\)](#)

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